

KENTUCKY BOARD OF PHARMACY
23 Mill Creek Park
Frankfort, Kentucky 40601-9230
502-573-1580

Permit No. _____
Date Issued _____
(For Office Use Only)

Application For Out-Of-State Wholesaler Permit

Please type. Make check or money order payable to Kentucky State Treasurer. Mail to: Kentucky Board of Pharmacy, 23 Mill Creek Park, Frankfort, Kentucky 40601-9230. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires September 30 following the date of issuance.

1. Name of Pharmacy _____

Physical Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Mailing Address of Pharmacy _____
(Street and Number)

City _____ State _____ Zip _____

Phone Number _____ Toll-Free Number _____

Check and complete one of the following and attach proper fee:

☐ New \$100.00

Proposed date of Opening _____
(Filed with Board 30 days in advance of Opening)

☐ Change of Address/Location \$75.00

Date of Proposed Relocation _____

Previous Address _____

☐ Change of Ownership \$75.00

Date of Proposed Acquisition _____ Current Permit No. _____

Name of Previous Owner(s) _____

(Confirmation statement of previous owner must be attached)

Registration Numbers and Expiration Dates:

DEA: _____ Exp. Date: ____/____/____

FDA: _____ Exp. Date: ____/____/____

2. Ownership:

☐ Sole Proprietor ☐ Partnership ☐ Unincorporated Business ☐ Incorporated Business

Name and title for each owner/officer, including professional designation (e.g. Pres. John Jones, PharmD)

3. Has applicant, or any officer, agent or employee of the applicant, ever been convicted of any federal or state drug or controlled substance violation?

☐ Yes, attach explanation ☐ No

4. Schedule of Hours:

Monday	_____ A.M. to _____ P.M.	Friday . . .	_____ A.M. to _____ P.M.
Tuesday . . .	_____ A.M. to _____ P.M.	Saturday . .	_____ A.M. to _____ P.M.
Wednesday . .	_____ A.M. to _____ P.M.	Sunday . . .	_____ A.M. to _____ P.M.
Thursday . . .	_____ A.M. to _____ P.M.		

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121.

I hereby certify that the foregoing is true and correct to the best of my knowledge If the regustration herein applied for is granted, I certify that this business will be conducted in full compliance with all applicable federal and state laws and that I will make available any or all records required by law to the extent authorized by law.

(Signature of Owner/Officer and Title)

_____/_____/_____
(Date)

Copies of your resident state permit and last inspection report, if applicable, must be enclosed.